



PATIENT

Oscar Anstie

SPECIES

Canine

BREED

Yorker Maltese C

SEX

Male Neuter

AGE

10

WEIGHT

5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Stoney Trail AH

REFERRING VET

Dr. Huet

INVOICE

14376

DATE

7/22/22

PRESENTING CLINICAL SIGNS

Previously diagnosed as Cushinoid. Also prior history of struvite crystals. On CBD no other meds for Cushings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen. Pinpoint to intermittent, hyperechoic foci were noted along the luminal surface of the dorsoapical and dorsal urinary bladder wall. This is likely consistent with pinpoint areas of potentially adhered mineral, given the history of struvite crystals. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate, measuring 0.72 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal medullary mineral was noted. No evidence of pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without evidence of neoplastic criteria. The left adrenal gland measured 0.67 cm width in the cranial pole and 0.54 cm width in the caudal pole. The right adrenal gland measured 0.78 cm width in the cranial pole and 0.47 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited mild subjective enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild, variably echogenic, nonshadowing ingesta/chyme was present in the stomach.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

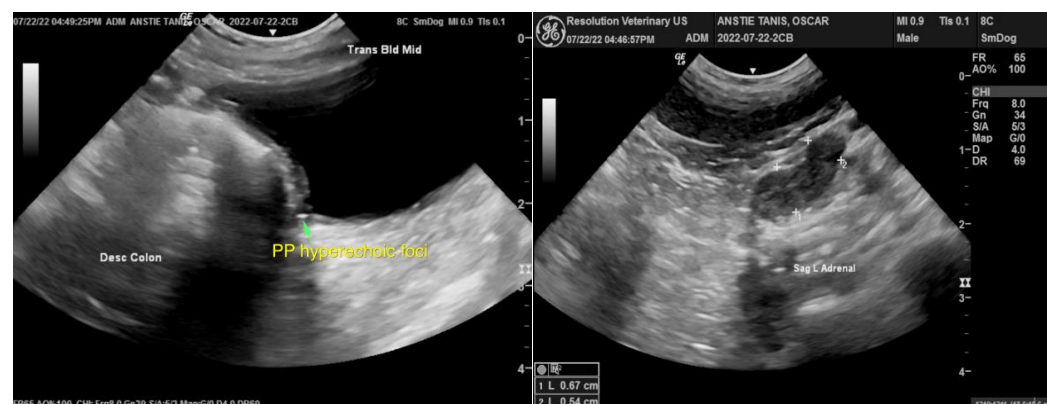
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal urinary bladder with pinpoint luminal hyperechoic foci
- Mild chronic renal changes with minor medullary mineral
- Bilateral prominent to mild nonhomogeneous adrenal glands - no evidence of adrenal neoplastic criteria, subjectively consistent with PDH
- Mild hepatomegaly exhibiting mild parenchymal remodeling - benign
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck adrenal testing could be considered if clinical signs consistent with Cushing's Syndrome i.e. PU/PD, polyphagia, etc., are present. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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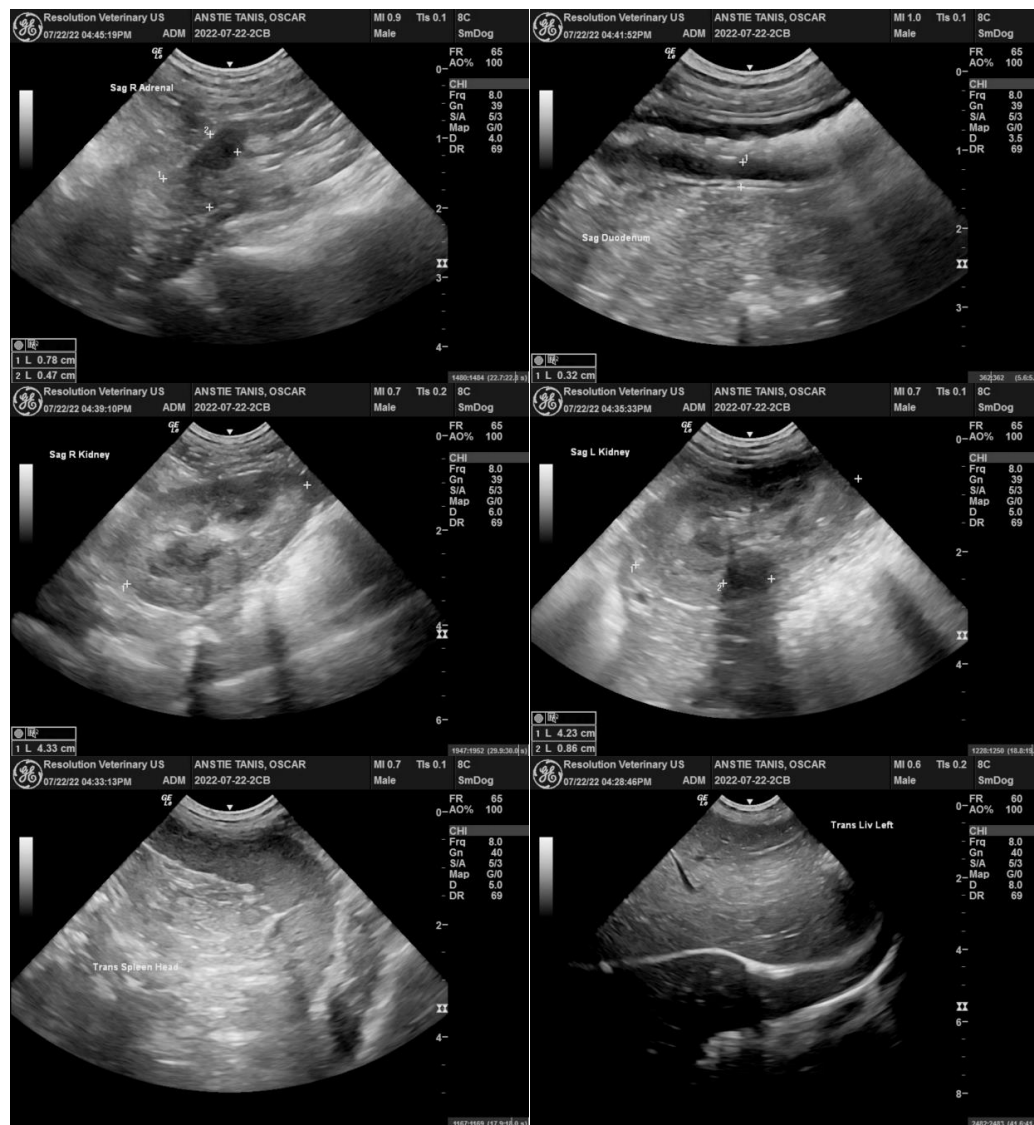
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com